AMENDMENT TRANSMITTAL LETTER						Docket No. 17102/012001	
Application No. 10/523.906-Conf. #9453		Filing Date		Examin		Art Uni	
		January 28, 2005 J. J. Boeck		mann	3752		
plicant(s): Uw	e Lasebnick						
rention: NOZZL				CLE WINDOWS	, AND WASI	HING UNIT	
ransmitted here		THE COMMI ndment in the					
he fee has beer	n calculated an	d is transmitte	d as shown b	elow.			
			S AS AMEN	DED			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	22	- 25 =	0	x 50.00		0.00	
Independent Claims	2	- 3 =	0	x 210.00		0.00	
Other fee (please specify):							
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:			0.00	
TOTAL ADDIT	IONAL FEE FO			Small Ent	ity	0.00	
TOTAL ADDIT x Large Entity X No additions	IONAL FEE FO	d for this amer	ndment.				
TOTAL ADDIT x Large Entity x No additional Please char A duplicate	al fee is require ge Deposit Accopy of this she	d for this amer count No. eet is enclosed	ndment. ii	n the amount of \$;		
TOTAL ADDIT x Large Entity x No additional Please char A duplicate	al fee is require ge Deposit Acc copy of this she ne amount of \$	d for this amer count No. eet is enclosed	ndment. ii		;		
X Large Entity X No additions Please char A duplicate of the chart A check in the chart by	al fee is require ge Deposit Acc copy of this she he amount of \$ credit card.	d for this amer count No. eet is enclosed	ndment. il. to cover	n the amount of \$	nclosed.		
x Large Entity x No additiona Please char A duplicate A check in ti Payment by x The Director as described x Credit a	al fee is require ge Deposit Accopy of this she ne amount of \$ credit card. is hereby auth d below. ny overpaymer	d for this amer	ndment. I. to cover ge and credit	n the amount of \$ the filing fee is e	nclosed.	-0591	
x Large Entity x No additiona Please char A duplicate A check in ti Payment by x The Director as described x Credit a	al fee is require ge Deposit Accopy of this she ne amount of \$ credit card. is hereby auth d below. ny overpaymer	d for this amer	ndment. I. to cover ge and credit	the filing fee is e Deposit Account	nclosed. No50	-0591 6 and 1.17.	
TOTAL ADDIT X Large Entity X No additiona Please char A duplicate A check in ti Payment by X The Director as described X Credit a	al fee is require ge Deposit Accopy of this she ne amount of \$ credit card. r is hereby auth d below. ny overpaymer any additional fill	d for this amer	ndment. I. to cover ge and credit	the filing fee is e Deposit Account	nclosed.	-0591 6 and 1.17.	